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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application og/Docket Number 10 Substitute for Form PTO-875 OTHER THANALAIM SAS FILED CLAIMS AS FILED - PART I OR; SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 1) NUMBÈR FILED NUMBER EXTRA RATEOR UMBER FILED FOR RATE FEE FEE BASIC FEE (37 CFR 1.16(a)) OR · TOTAL CLAIMS 20 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. OR: TOTAL. CLAIMS AS AMENDED - PART II CLAH 10 AC AMENDED OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY Column 1) CLAB CLAIMS HIGHEST <1 RATE PRESENT REMAINING NUMBER RATE ADDI-IADDR:(A): NG ENT **AFTER** PREVIOUSLY **EXTRA** T!ONAL TIONAL AMENDMENT PAID FOR FEE I REESNO 111 เลลนร Minus Total MOZ 1013 (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus i...aus Ingepende i Xigna caa ± i 1 ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR. TOTAL TOTAL ADD'L FEE OR: ADD'L FEE (Column 3) (CoiLin (Column 1) (Column 2) CLAIMS HIGHEST CLAR $\mathbf{\omega}$ PRESENT RATE ADDI-11 RATE ADDIMAN REMAINING NG NUMBER **EXTRA** TIONAL TIONALTE PREVIOUSLY **AFTER** AMENDMENT FEE REENDL PAID FOR Ш Total (37 CFR 1.16(c)) Minus Total MANUS ENDM OR Independer Minus Minus Independent (37 CFR 1.16(b)) x s OR HISTORUS EKE SENTATION OF R ATIPLE GEPENG FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR: TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) IL O'UT CLAIMS HIGHEST ン i RATE ADDIMAN \circ PRESENT RATE ADDI-REMAINING NUMBER **EXTRA TIONAL** TIONAL IE **AFTER** PREVIOUSLY ENDMENT PAID FOR FEE I RESEND! AMENDMENT Total Minus Minus Total X S (37 CFR = 16 (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus ∠ Independente 1X S(37 CFR ± 16 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) HIRS I PERESENTATION OF M ETIPLE DISPEND OR TOTAL TOTAL OR i ADD'L FEE ADD'L FEE * If the entry in column 1 is to If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" 11 If the "High, st Hambar.... *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". навыу Го The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 12 "Highest Number Previously Paid For Pr nusly Faid For

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fille (and; by theecured by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fille (and; by theecured by 37 CFR 1.14. This collection is estimated to take 12 minutes to complete; including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Ratent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS way to be a ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.